



ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

37 May 21, 2019

Los Angeles County
Board of Supervisors

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May 21, 2019

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

CELIA ZAVALA
EXECUTIVE OFFICER

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT FORTHCOMING
FEDERAL FUNDING FOR THE HOSPITAL PREPAREDNESS PROGRAM
AND EXECUTE AGREEMENTS AND AMENDMENTS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

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SUBJECT

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

Provide authorization to accept and implement federal grant awards, accept any supplemental funding, execute new agreements and amend existing agreements for the Hospital Preparedness Program to continue to build, enhance, and sustain healthcare preparedness capabilities for response and rapid recovery from natural and man-made emergencies, and public health threats within the County of Los Angeles; and other contractual actions.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize and instruct the Director (Director) of the Department of Health Services (DHS), or designee, to accept a forthcoming Notice of Award (NOA) for a grant, for the first year of a five-year project period, from the United States Department of Health and Human Services' (USDHHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) for the term of July 1, 2019 through June 30, 2020, in the approximate amount of \$9.1 million for the Hospital Preparedness Program (HPP) and to execute all other necessary documents to accept the award, effective upon execution, subject to review and approval by County Counsel, and notification to the Board and the Chief Executive Office (CEO).



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2. Delegate authority to the Director, or designee, to accept future NOAs and NOA amendments during the five-year project period from July 1, 2019 through June 30, 2024 that are consistent with the requirements of the NOA referenced above which: (a) extend the grant through June 30, 2024, at amounts to be determined by the respective NOA; (b) reflect non-material and/or ministerial revisions to the grant's terms and conditions; (c) allow for the rollover of unspent funds and/or redirection of funds; (d) adjust the term of the grant through June 30, 2025, if the project period is extended; (e) provide an increase or decrease in funding to each grant; and (f) execute all other necessary documents to accept the award, subject to review and approval by County Counsel, and notification to the Board and the CEO.

3. Delegate authority to the Director, or designee, to: (a) select, negotiate, and execute new one (1) year or multi-year HPP Agreements with new providers; and (b) execute amendments to HPP Agreements with existing participants through June 30, 2024, with the maximum contract obligation not to exceed \$500,000 annually per agreement, per award term, 100 percent funding by USDHHS grant awards, to accomplish the grant objectives and/or expand services required to support the HPP, subject to review and approval by County Counsel and notification to the Board.

4. Delegate authority to the Director, or designee, to execute amendments to the HPP Agreements referenced above to: (a) adjust the term through June 30, 2024; (b) allow for the rollover of unspent contract funds; (c) increase or decrease the funding for each year an award is accepted, effective upon amendment execution or at the beginning of the applicable HPP Agreement term, and make corresponding service adjustments, as necessary; (d) extend the term through June 30, 2025, if the project period is extended; (e) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and State law or regulation, subject to review and approval by County Counsel.

5. Delegate authority to the Director, or designee, to terminate a HPP Agreement in accordance with the termination provisions within the Agreement.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Background

The County of Los Angeles (County) was first awarded a HPP grant, formerly the National Bioterrorism Hospital Preparedness Program, in February 2002. The federal government created this grant program to ensure that hospitals were prepared for terrorism events in the wake of the September 11th terrorist attack and subsequent anthrax scare of 2001. Because the County encompassed the second largest city in the nation and ranked high on the Department of Homeland Security's threat list, the County was identified as an awardee for the inaugural HPP grant designated for local health departments. From the inception of the award to the present, the Emergency Medical Services (EMS) Agency serves as the grant manager of the HPP because of its role as the medical and health operational area coordinator and its extensive history of working with hospitals on disaster preparedness.

In 2010, in an effort to better align the Public Health Emergency Preparedness and Hospital Preparedness Programs, the federal government moved the grants administration for both programs to the Centers for Disease Control and Prevention (CDC), with Los Angeles County Department of Public Health receiving the award for these programs. On January 17, 2018, the ASPR announced that, to continue to improve the two distinct preparedness programs, it was assuming responsibility for the grant's management functions for the HPP. Beginning July 2019, the ASPR will fully manage the HPP grant and the award will once again come directly to DHS.

Over its 16-year life, the focus of the HPP has evolved from a terrorism-only focus to an all-hazards focus, and has expanded to other sectors of the healthcare community beyond hospitals. While each project period has seen changes in the capacity and capabilities, the foundation of HPP continues to focus on ensuring that the healthcare system can surge to care for disaster victims.

Recommendations

Approval of the first recommendation will allow DHS to accept a forthcoming NOA for a grant from the USDHHS for the term of July 1, 2019 through June 30, 2020, in the approximate amount of \$9.1 million for the HPP and to execute all other necessary documents to accept the award, effective upon execution.

Approval of the second recommendation will allow DHS to accept future NOAs and NOA amendments during the five-year project period from July 1, 2019 through June 30, 2024 that are consistent with the requirements of the NOA referenced above which: (a) extend the grant through June 30, 2024, at amounts to be determined by the respective NOA; (b) reflect non-material and/or ministerial revisions to the grant's terms and conditions; (c) allow for the rollover of unspent funds and/or redirection of funds; (d) adjust the term of the grant through June 30, 2025, if the project period is extended; (e) provide an increase or decrease in funding to each grant; and (f) execute all other necessary documents to accept the award, subject to review and approval by County Counsel, and notification to the Board and the CEO.

Approval of the third recommendation will allow DHS to: (a) select, negotiate, and execute new one (1) year or multi-year HPP Agreements with new providers; and (b) execute amendments to HPP Agreements with existing participants through June 30, 2024, with the maximum contract obligation not to exceed \$500,000 annually per agreement, per award term, 100% funding by USDHHS grant awards, to accomplish the grant objectives and/or expand services required to support the HPP, subject to review and approval by County Counsel and notification to the Board.

Approval of the fourth recommendation will allow DHS to execute Amendments to the HPP Agreements referenced above to: (a) adjust the term through June 30, 2024; (b) allow for the rollover of unspent contract funds; (c) increase or decrease the funding for each year an award is accepted, effective upon amendment execution or at the beginning of the applicable HPP Agreement term, and make corresponding service adjustments, as necessary; (d) extend the term through June 30, 2025, if the project period is extended; (e) add, delete, and/or change non-substantive terms and conditions or make other changes as required by the Board, or to comply with federal and state law or regulation, subject to review and approval by County Counsel.

Approval of the fifth recommendation will allow DHS to terminate a HPP Agreement in accordance with the termination provisions within the Agreement.

Implementation of Strategic Plan Goals

The recommended actions support Strategy III.3, “Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability” of the County’s Strategic Plan.

FISCAL IMPACT/FINANCING

There is no net County cost associated with these actions.

The HPP is 100 percent funded by grant awards from the USDHHS which are anticipated to be received over the next five years in amounts estimated not to exceed \$10 million per grant year.

Funding is included in DHS’ Fiscal Year 2018-19 Final Budget and will be requested in future fiscal years as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The grant project period is for five years from July 1, 2019 through June 30, 2024, with funding being allocated and awarded on a year-to-year basis. DHS expects, as with previous HPP grant project periods, that there will be a one-year no-cost extension of this HPP grant to June 30, 2025 to fully implement work plans, complete the objectives of the grant, and obligate and pay for services that were approved in the fifth year of the project period.

The HPP funding will be used to develop plans and supporting activities for building and sustaining healthcare preparedness and response capabilities, including targeted investments in strategies that address the specific capabilities identified in the NOA such as: (1) Foundation for Health Care and Medical Readiness, through emergency and disaster training and exercises; (2) Healthcare and Medical Care Coordination, through the development of response plans and collaboration in sharing information including the tools used for information sharing such as ReddiNet™; (3) Continuity of Health Care Service Delivery, through the development of continuity of operations plans; and (4) Medical Surge, through the delivery of timely and efficient care even when the demand during an emergency or disaster exceeds the normal day-to-day demand. This includes planning and stockpiling of resources and developing plans that expand the resources of the healthcare community such as pediatric, trauma, and burn surge plans.

Seventy-nine (79) acute care hospitals listed in Attachment A and the Community Clinic Association of Los Angeles County (CCALAC) will be continuing participants in this HPP project period. Facilities can participate either as a Participant Level facility, or as a Disaster Resource Center (DRC). Of the 79 participating hospitals, 66 hospitals are Participant Level facilities, and the remaining 13 are designated as DRCs. The level of participation corresponds to specific deliverables and funding.

Participant Level participants receive funding to enhance their overall disaster preparedness with an emphasis on responding to natural and man-made emergencies, and public health threats.

DRCs, which are geographically distributed throughout the County, will require more deliverables and, therefore, will receive increased funding. The increased funding will enhance surge capacity through the provision of ventilators, pharmaceuticals, medical/surgical supplies, and large tent shelters to provide treatment to victims of disasters. Additionally, DRCs are responsible for

enhancing hospital planning and cooperation within their region, which includes allocating and coordinating emergency use of non-hospital space (e.g. local community health centers and clinics) to shelter and treat trauma victims during a catastrophic disaster.

Trauma center participants at both Participant and DRC levels will receive more funding than non-trauma centers at the equivalent level. This increased funding supports an increased trauma and burn surge capacity.

With each HPP award, typically 60 percent or more of the funding is allocated to fund the HPP Agreements with acute care hospitals and CCALAC. The remainder of the funds will be used to fund other expenses related to the grant including, but not limited to, administrative costs that include salaries and employee benefits for nine EMS Agency HPP related positions, indirect costs, supporting the Disaster Healthcare Volunteer Program, and addressing mental health issues related to disasters such as training hospital staff on mental health triage and self-assessment as well as to fund additional HPP Agreements.

CONTRACTING PROCESS

The CCALAC and the other providers listed in Attachment A are continuing participants in the HPP which enables the County to continue, without disruption, to build, enhance, and sustain healthcare preparedness capabilities for a rapid recovery from natural and man-made emergencies and public health threats within the County.

Any non-participating acute care hospital and community clinics that are members of the CCALAC are eligible to participate if they express interest to the EMS Agency.

Non-hospital contractors for other services that support the completion of approved activities will be selected in accordance with the terms of any HPP application and will may be competitively solicited, when appropriate and as needed, in accordance with the County's contracting and purchasing policies.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of this action will allow DHS to continue to build and sustain healthcare preparedness capabilities for response to public health threats and rapid recovery in the event of a catastrophic disaster or other major emergency.

The Honorable Board of Supervisors

5/21/2019

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Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Christina R. Ghaly".

Christina R. Ghaly, M.D.

Director

CRG:am

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

HOSPITAL PREPAREDNESS PROGRAM
PARTICIPANTS AND LEVEL OF PARTICIPATION
FISCAL YEAR 2018-2019

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Kaiser Foundation - Sunset (LA)	DRC/Non-TC
PIH Health Hospital –Whittier	DRC/Non-TC
Providence Saint Joseph Medical Center	DRC/Non-TC
Cedars Sinai Medical Center	DRC/TC
Children's Hospital Los Angeles	DRC/TC
Dignity Health - California Hospital Medical Center	DRC/TC
Dignity Health - St. Mary Medical Center	DRC/TC
Henry Mayo Newhall Memorial Hospital	DRC/TC
LAC Harbor-UCLA Medical Center	DRC/TC
LAC+USC Medical Center	DRC/TC
Long Beach Memorial Medical Center	DRC/TC
Pomona Valley Hospital Medical Center	DRC/TC
Ronald Reagan - UCLA Medical Center	DRC/TC
Adventist Health – Glendale	P
Adventist Health - White Memorial Medical Center	P
Alhambra Hospital	P
Barlow Respiratory Hospital	P
Beverly Hospital	P
Catalina Island Medical Center	P
Centinela Hospital	P
Citrus Valley Foothill Presbyterian Hospital	P
Citrus Valley Medical Center - Intercommunity Campus	P
Citrus Valley Medical Center - Queen of the Valley	P
City of Hope National Medical Center	P
Coast Plaza	P
College Hospital Long Beach	P
Community Hospital of Huntington Park	P
Dignity Health – Glendale Memorial Hospital & Health Ctr.	P
East Los Angeles Doctors Hospital	P
Encino Hospital Medical Center	P
Garfield Medical Center	P
Glendora Community	P
Good Samaritan	P
Greater El Monte Community Hospital	P
Hollywood Presbyterian Medical Center	P
Kaiser Foundation - Baldwin Park	P
Kaiser Foundation – Downey	P

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Kaiser Foundation - Harbor City/South Bay	P
Kaiser Foundation - Panorama City	P
Kaiser Foundation - West LA	P
Kaiser Foundation - Woodland Hills	P
L A Community Hospital at Los Angeles	P
L A Community Hospital at Norwalk	P
LAC Olive View -UCLA Medical Center	P
Lakewood Regional Medical Center	P
Marina del Rey Hospital	P
Memorial Hospital of Gardena	P
Methodist Hospital of Southern California	P
Miller Children's & Women's Hospital Long Beach	P
Mission Community Hospital	P
MLK Jr. Community Hospital	P
Monterey Park Hospital	P
Olympia Medical Center	P
Pacifica of the Valley	P
Palmdale Regional Medical Center	P
PIH Health Hospital - Downey	P
Providence Little Company of Mary – San Pedro Hospital	P
Providence Little Company of Mary - Torrance	P
Providence St. Johns Health Center	P
Providence Tarzana Medical Center	P
Rancho Los Amigos	P
San Dimas Community Hospital	P
San Gabriel Valley Medical Center	P
Santa Monica – UCLA Medical Center	P
Sherman Oaks Community Hospital	P
Silver Lake Medical Center	P
Southern California Hospital at Hollywood	P
Southern California Hospital at Culver City	P
Torrance Memorial	P
USC Verdugo Hills	P
Valley Presbyterian Hospital	P
Verity Health – Saint Vincent Medical Center	P
West Hills Regional Medical Center	P
Whittier Hospital	P
Antelope Valley Medical Center	P-TC
Dignity Health – Northridge Hospital Medical Center	P-TC
Pasadena Memorial Hospital, dba Huntington Memorial Hospital	P-TC
Providence Holy Cross Medical Center	P-TC

NAME OF PARTICIPANT	PARTICIPATION LEVEL
Verity Health - St. Francis Medical Center	P-TC

DRC – Non-TC – Disaster Resource Center/Non-Trauma Center
DRC/TC - Disaster Resource Center/Trauma Center
P – Participant
P-TC – Participant/Trauma Center